



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
P.O. BOX 300  
JEFFERSON CITY, MISSOURI 65105-0300  
(573) 751-2611 TDD 1-800-735-2966  
**DISTRIBUTOR'S POOL BOND  
AGREEMENT**

FORM  
**4752**  
(REV. 10-2003)

**DOR USE ONLY — LICENSE NUMBERS**

Supplier/Permissive Supplier \_\_\_\_\_  
Distributor \_\_\_\_\_  
Transporter \_\_\_\_\_  
Terminal Operator \_\_\_\_\_

BUSINESS NAME

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

**As a qualified eligible purchaser or distributor with three (3) consecutive years of satisfactory tax compliance, as determined by the director, I elect to participate in the Motor Fuel Distributors Pool Bond as provided in Section 142.896, RSMo.**

I hereby certify that my company was not required to have a bond under the predecessor act, or my company has, since January 1, 1999, completed three (3) consecutive years of satisfactory tax compliance.

I fully agree that as a participant in the Pool Bond, I will contribute monthly, through my supplier(s), at the rate of one-fourth of one percent (\$.000425 per gallon) of the prevailing motor fuel tax rate until such fund equals one-fourth of one percent of the prior year's motor fuel tax collections. At that time, I will not be required to make further contributions until the fund has been depleted to one-eighth of one percent of the prior year's motor fuel tax collections.

I further agree that a claim filed against the Pool Bond due to a default on my account does not relieve me from liability or prevent the director from taking other actions to collect any tax, fee, penalty and interest due.

**DISTRIBUTOR POOL BOND AGREEMENT MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AS LISTED ON PAGE 1 OF THE LICENSE APPLICATION.**

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER

PRINT NAME OF PERSON SIGNING THE APPLICATION

DATE

**NOTARY PUBLIC (SIGNATURE MUST BE NOTARIZED)**

IN TESTIMONY WHEREOF, I have thereunto set my hand and affixed the official seal at my office.

NOTARY PUBLIC EMBOSSEER SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)